According To The Low Interest of the Control of the

CLINICAL EVALUATION FORM



MAIL TO:

Sage Products attn: Customer Service 3909 Three Oaks Road Cary, IL 60013

Facility:

Sales Rep:

Check Peri	Product #:				
	Like this:	Not like this: ()	\otimes	\bigcirc	

Please completely fill in the appropriate re	esponse circle for all questions.	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	N/A
		Ο	Ο	0	Ο	Ο
		Ο	0	0	Ο	Ο
		Ο	Ο	Ο	Ο	Ο
		Ο	Ο	Ο	Ο	Ο
		Ο	Ο	Ο	Ο	0
		Ο	Ο	Ο	Ο	0
		Ο	Ο	Ο	Ο	Ο
		Ο	Ο	Ο	Ο	Ο
		Ο	Ο	Ο	Ο	Ο
		Ο	Ο	0	0	0
Staff Name:	Additional comments:					